

18304 U.S. PTO
041304

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (2/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|---|--|----------------------------------|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) | Attorney Docket No. | 9173 |
| | First Inventor or Application Identifier | Rock A. Gagnebin |
| | Title | Vacuum-Operated Trash Receptacle |
| | Express Mail Label No. | EV 280645731 US |

| | |
|--|--|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 12] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure | 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2] | ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) * Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 14. <input checked="" type="checkbox"/> Statement(s) (PTO/SB/09-12) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other: |
| 4. Oath or Declaration [Total Pages 5] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | |
| 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ Prior application information: Examiner _____ Group / Art Unit: _____ | |

| | | | | | |
|--|--------------------|-----------|---|----------|--------------|
| 18. CORRESPONDENCE ADDRESS | | | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label | | | or <input checked="" type="checkbox"/> Correspondence address below | | |
| (Insert Customer No. or Attach bar code label here) | | | | | |
| Name | John M. Harrison | | | | |
| Address | 2139 E. Bert Kouns | | | | |
| City | Shreveport | State | Louisiana | Zip Code | 71105 |
| Country | U.S.A. | Telephone | 318/797-3062 | Fax | 318/797-3063 |

| | | | |
|-------------------|-------------------------|-----------------------------------|---------|
| Name (Print/Type) | John M. Harrison | Registration No. (Attorney/Agent) | 24,968 |
| Signature | <i>John M. Harrison</i> | Date | 4/13/04 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



18304 U.S. PTO

041304

PTO/SB/17 (2/98)

Approved for use through 9/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 385.00

Complete If Known

| | |
|----------------------|------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Rock A. Gagnebin |
| Examiner Name | |
| Group / Art Unit | |
| Attorney Docket No. | 9173 |

METHOD OF PAYMENT (check one)

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name☐ Charge Any Additional
Fee Required Under
37 C.F.R. §§ 1.16 and 1.17☐ Charge the Issue Fee Set in
37 C.F.R. § 1.16 at the Mailing
of the Notice of Allowance

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|-------------------------------|-------------------------------|------------------------|--------------------|
| 101 790 | 201 395 | Utility filing fee | \$ 385.00 |
| 106 330 | 206 165 | Design filing fee | |
| 107 540 | 207 270 | Plant filing fee | |
| 108 790 | 208 395 | Reissue filing fee | |
| 114 150 | 214 75 | Provisional filing fee | |
| SUBTOTAL (1) | | | (\$ 385.00) |

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| Independent Claims | -20** = | X | |
| Multiple Dependent | -3** = | X | |

**or number previously paid, if greater; For Reissues, see below

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|-------------------------------|-------------------------------|--|--------------|
| 103 22 | 203 11 | Claims in excess of 20 | |
| 102 82 | 202 41 | Independent claims in excess of 3 | |
| 104 270 | 204 135 | Multiple dependent claim, if not paid | |
| 109 82 | 209 41 | ** Reissue independent claims over original patent | |
| 110 22 | 210 11 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | (\$) |

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|-------------------------------|-------------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 400 | 216 200 | Extension for reply within second month | |
| 117 950 | 217 475 | Extension for reply within third month | |
| 118 1,510 | 218 755 | Extension for reply within fourth month | |
| 128 2,080 | 228 1,030 | Extension for reply within fifth month | |
| 119 310 | 219 155 | Notice of Appeal | |
| 120 310 | 220 155 | Filing a brief in support of an appeal | |
| 121 270 | 221 135 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,320 | 241 660 | Petition to revive - unintentional | |
| 142 1,320 | 242 660 | Utility issue fee (or reissue) | |
| 143 450 | 243 225 | Design issue fee | |
| 144 670 | 244 335 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Petitions related to provisional applications | |
| 126 240 | 126 240 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 790 | 246 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 790 | 249 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**SUBMITTED BY**Typed or
Printed Name John M. Harrison

Signature

Date

4/13/94

Complete (if applicable)

Reg. Number 24,968

Deposit Account
User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.